

U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF	<b>FONDY CARTER</b>		COURT CASE NUMBER	<b>1:05 CV 11335</b>
DEFENDANT	<b>DR. SPADA</b>		TYPE OF PROCESS	<b>Summons</b>
SERVE	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN			
➔	<b>DEVEN Medical Center</b>			
AT	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)			
	<b>P.O. Box 880, Ayer Massachusetts 01432</b>			
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:				
<b>Fondy Carter</b> <b>Federal Construction Institute</b> <b>P.O. Box 6001</b> <b>Quincy Ky 4005</b>			Number of process to be served with this Form - 285	<b>1</b>
			Number of parties to be served in this case	<b>1</b>
			Check for service on U.S.A.	<b>2005 SEP - 2 P 4: 26</b>

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):  
Fold

Signature of Attorney or other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE
<b>Fondy Carter</b>			

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process <b>1</b>	District of Origin No. <b>32</b>	District to Serve No. <b>38</b>	Signature of Authorized USMS Deputy or Clerk <b>Nancy Salameh</b>	Date <b>9/2/05</b>
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.	
Address (complete only if different than shown above)	Date of Service	Time
	Signature of U.S. Marshal or Deputy	

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS: **served by cert mail 9/2/05 AT**

UNITED STATES DISTRICT COURT

District of

Massachusetts

FORDY CARTER

SUMMONS IN A CIVIL CASE

V.

DR. Newland, et al

CASE NUMBER:

C.A. - 05 - 11335 - NMG

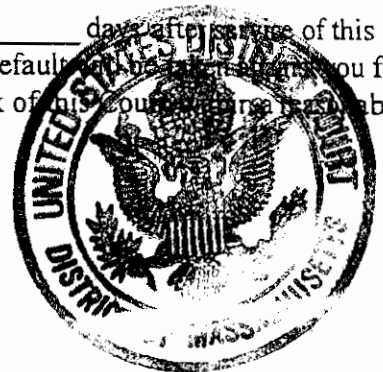
TO: (Name and address of Defendant)

DR Spada

YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ATTORNEY (name and address)

Fordy Carter, Pro se

an answer to the complaint which is herewith served upon you, within 20 days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default may be entered against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this court within a reasonable period of time after service.



Sarah A. Thornton

CLERK

7/13/05

DATE

Rebecca Greenberg

(By) DEPUTY CLERK